EXHIBIT 3

Exhibit 3

W.R. GRACE & CO. ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

The United States Bankruptcy Court for the District of Delaware In re:W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF)
(Jointly Administered)

SUBMIT COMPLETED CLAIMS TO:

Claims Processing Agent Re: W.R. Grace & Co. Bankruptcy PO Box 1620 Faribault, MN 55021-1620

For a complete list of the Debtors in this case, please see "The Debtors" section of the General Instructions for Completing Proof of Claim Forms. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for medical monitoring, but not personal injury, due to alleged significant exposure to hazardous asbestos fibers as a result of the acts or omissions of Grace, THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON MARCH 31, 2003, or you will be forever barred from asserting or receiving payment for your claim.

Case 01-01139-AMC Doc 2832-3 Filed 10/18/02 Page 3 of INSTRUCTIONS FOR FILING THE W. R. GRACE & CO. ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

WHO SHOULD USE THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

- This Asbestos Medical Monitoring Proof of Claim Form (referred to in this document as the "Form") applies only to claims being made against Grace by or on behalf of those who have not as of the Claim Bar Date suffered any personal injury but who are alleging that Grace wrongfully caused them to be significantly exposed to hazardous asbestos fibers, that this exposure significantly increased the claimant's risk of contracting a serious latent disease, that medical monitoring could reasonably be expected to result in early detection of the onset and mitigation of the severity of such disease, and that because of this exposure it is necessary for the claimant to be examined by a physician or receive medical testing more often than he or she otherwise would.
- The Bar Date does not apply to Asbestos Personal Injury Claims, Settled Asbestos Claims or Zonolite Attic 2. Insulation Claims. Those claims will be subject to a separate claim submission process and should not be filed at this time.
- This form should not be used for claims for an Asbestos Property Damage Claim or a Non-Asbestos Claim. 3. Instead, separate specialized proof of claim forms for these claims should be completed.
- Please do not distribute this form to others. Please call the Claims Processing Agent at 1-800-432-1909 to 4. request additional forms if they are needed.

GENERAL INSTRUCTIONS

- This form must be signed by the claimant or authorized agent of the claimant. THIS FORM MUST BE 1. RECEIVED ON OR BEFORE 4:00 PM EASTERN TIME ON MARCH 31, 2003, or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy, P.O. Box 1620, Faribault MN 55021-1620. If you are returning this form by mail, allow sufficient time so that this form is received on or before March 31, 2003. Forms that are postmarked before March 31, 2003 but received after March 31, 2003 will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
- If you cannot fit all information in any particular section or page, please make a copy of that page before 2. filling it out and attach as many additional pages as needed.
- This form must be filled out completely using BLACK or BLUE ink or may be typewritten. 3.
 - Please print clearly using capital letters only.
- Do not use a felt tip pen.

Skip a box between words.

6.

- Do not bend or fold the pages of the form.
- Do not write outside of the boxes or blocks.
- Because this form will be read by a machine, please print characters using the examples below. For 4. optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
- 5. Mark check boxes with an "X" (example at right).
 - Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as
- evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
- Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims 7. Agent at the following address: Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy P.O. Box 1620

Faribault MN 55021-1620.

8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

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PART IH: Questions Applicable to Persons Claiming Exposure To Asbestos In The Libby, Montana Area (Lincoln County, Montana)

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| d. If employed | at any other W.R. (| Grace location, please sp | ecify. What jobs d | id you perform? |
| Site Name: | | | | |
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| Site Owner: | | | | |
| Site Address: | | | | |
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| Street Address | | | | |
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|----------|--|--|--|--|--|--|
| Hav | e you ever brought or filed | any worker's | compensation | claims against Gra | ce? | |
| [- [| Yes No | | | | | |
| If y | es, answer this section. | | | | | |
| 1. | Describe the injury for wl | hich vou soug | tht compensatio | on. | | |
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| If ye | e you ever filed any other call Yes No | | uits against Gra | ° | | |
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| | City | | | | | State /Province |
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| | ☐ Judgement or Verdict E | | | Other (please des | cribe) | The second distribution of the second of the second distribution of the sec |
| | Settled and Paid | ☐ Pen | ding | | - The state of the | |
| | • | | | | | |

RELATED PARTY MEDICAL MONITORING CLAIM If you claim exposure to asbestos brought into your household by a family member who worked for Grace, list each Grace employee in your household and describe the time period of each such exposure, their job(s) and employment location(s). Grace Employee Name: First Name Middle Name Last Name 1. Asbestos Exposure dates: To From Month Month 2. Grace Employee Occupation: description **Employment Location: Grace Employee Name:** First Name Middle Name Last Name 1. Asbestos Exposure dates: From То Month 2. Grace Employee Occupation: description

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3. Employment Location:

| D. ZONOLITE ATTIC | INSULATION EXPOSE | URE (LINCOLN CO | DUNTY, MT) | 42 |
|--|--|--|-----------------------------|-----------------------|
| Do you or did you hav Lincoln County? | e Zonolite Attic Insulatio | n in your home duri | ing any period of time in | which you lived in |
| ☐ Yes ☐ No | | | | |
| Where was/is it located | d in your home? Attic | ☐ Other (specify) | | |
| Did you personally ins | stall that insulation? |] Yes No | | |
| Has the Zonolite Attic | Insulation ever been mov | ved and/or disturbed | by you? | |
| ₩ If yes, specify when ar | nd in what manner the Zo | onolite Attic Insulatio | on was moved and/or di | sturbed |
| Date | Description | | | tui vett. |
| Month Year | | | | |
| For incidents in which proximity to the insula | the Zonolite Attic Insula ation after you disturbed | tion was moved and | or disturbed, how long | did you stay in close |
| ☐ Less than 1 hour | 5-8 hours | promotes and a second contract of the second | | |
| ☐ 1-4 hours | ☐ Other (please specify) | | | |
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| • | by whom, the type of test | ing or sampling, and | the results (e a air bull | (anilames tsub bae s |
| If Yes, when? | , | | wie resulte (e.g. all, bull | r and dust samping). |
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| | Santara Carrier | N. S. C. | | STAULES ESSA | | *************************************** | Ma da (Shani) S | | | | | | | | |
| PART IV: QUESTION EXPANSION | | | | 2 1 | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 1 1 | | | | | | GR | ACE | |
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| Name of Plant: Plant Address: | | | | | | | | | | | | | | | |
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| Plant Address: Street Address City Employment Dates at this Plant: From To Month Year Month | Year | | | | | | | | | | | | /Post | tal Coo | |

| Name of Plant: Plant Address | and the second s | Case | 01 | L-01 | .139 | J-A | MC | , | ש(|)C | ۷۵۰ | 32- | 3 | | lec | 1 1 | U/J | 18/ | 02 | | Pa | g | 3 T | 3 € |)T-4 | +∠- | | | | | |
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| Plant Address: Itreet Address | continued | • | | | | | | | | | | | | | | | | | | | | - | | | | | | | | | |
| ireet Address State Zip Code Province Province Zip Code Postal Co To Montb Year ccupation at this Plant: E you ever brought or filed any worker's compensation claims against Grace? Yes No yes, answer this section. Describe the injury for which you sought compensation. | ame of Plar | ıt: | | | yerran a su | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treet Address State Zip Code Province Province Province Postal Componib Year Componib | | | and the same of th | | | | | | | | | | | Ī | | | | | | | T | Ī | T | 7 | | | <u> </u> | Ī | | | |
| Ity State Zip Code Province Postal Co To Nonth Year Coupation at this Plant: E you ever brought or filed any worker's compensation claims against Grace? Yes No Yes, answer this section. Describe the injury for which you sought compensation. When was the claim filed? Date No When was the claim filed? Date | lant Addres | s: | r - T | | | | | · | | | | J | , | | | | | ,, | | | | | | | | | J | J | ł | | |
| Ity State Zip Code Province Postal Co To Nonth Year Coupation at this Plant: E you ever brought or filed any worker's compensation claims against Grace? Yes No Yes, answer this section. Describe the injury for which you sought compensation. When was the claim filed? Date No When was the claim filed? Date | | | | | | | | | | 1 | | | | | - | | | | | | | Ì | | | e padroi i vigazo, | | | | | ĺ | |
| mployment Dates at this Plant: To | treet Address | | | | | | T | ГТ | | | | 7 | | | | -T | T | | 1 | | | | | | | | | -J | | | |
| mployment Dates at this Plant: To | 3111 | | | | | | | | | | ــــــــــــــــــــــــــــــــــــــ | | | | <u> </u> | | | | | | | | | | | | | | | | |
| onth Year Month Year ccupation at this Plant: e you ever brought or filed any worker's compensation claims against Grace? Yes No yes, answer this section. Describe the injury for which you sought compensation. When was the claim filed? Date Month Year | | Datas - | | : | 1 4 | | | | | | | | | | | | | | | | | | | | | | ice | | | | |
| onth Year ccupation at this Plant: e you ever brought or filed any worker's compensation claims against Grace? Yes No yes, answer this section. Describe the injury for which you sought compensation. When was the claim filed? Date Month Year | | Dates a | u m | | ıant | : | | | | | | | ٠ | | | | | | | | | | | , | | | | | | seest | UU |
| e you ever brought or filed any worker's compensation claims against Grace? Yes No yes, answer this section. Describe the injury for which you sought compensation. When was the claim filed? Date Month Year | w. | | | | | n . | | | | | | | | | | | | | | | | • | | | | | | | | | |
| e you ever brought or filed any worker's compensation claims against Grace? Yes No yes, answer this section. Describe the injury for which you sought compensation. When was the claim filed? Date Month Year | | أـــــــا | | | nth. | Yea | Ll | | | | | | | | | | | | | | | | | | | | | | | | |
| yes, answer this section. Describe the injury for which you sought compensation. When was the claim filed? Date Month Year Month | ccupation a | this Pl | ant: | | | ···- | | ·, · · | | | | | | | | | | | | | | | | | | | | | | | |
| yes, answer this section. Describe the injury for which you sought compensation. When was the claim filed? Date Month Year Month | | | | | | | | | | - | | | | | | | | | | | T | 7 | | 7 | | | | | | | T |
| When was the claim filed? Date | ∏ Yes | □ No | | | any | w o | rke | er's | co: | mp | en | sati | on | cla | ims | s aş | gair | ıst | Gr | ac | e? | | | | | | | | | • | |
| Month Year | ⊤⊟ Yes yes, answer | ☐ No | ctio: | n. | | | | | | | | | | | ims | s aį | gair | ıst | Gr | ac | e? | | | | | | | | | ÷ | |
| Month Year | ⊤⊟ Yes yes, answer | ☐ No | ctio: | n. | | | | | | | | | | | ims | s aį | gair | ıst | Gr | ac | e? | | | | | | | | | | |
| Month Year | ⊤⊟ Yes yes, answer | ☐ No | ctio: | n. | | | | | | | | | | | ims | s aş | gair | ast | Gr | ac | e? | | *********** | | | | | | | | |
| Month Year | ⊤⊟ Yes yes, answer | ☐ No | ctio: | n. | | | | | | | | | | | ims | s aş | gair | nst | Gr | ac | e? | | , | | | - WA - N - | - | mas com | | Coloque | |
| Month Year | ⊤⊟ Yes yes, answer | ☐ No | ctio: | n. | | | | | | | | | | | ims | s aį | gair | nst | Gr | rac | e? | | | | and sections of | | | m an common | | | |
| Month Year | ⊤⊟ Yes yes, answer | ☐ No | ctio: | n. | | | | | | | | | | | ims | s aş | gair | nst | Gr | ac | e? | | , | | | • | | maa Li | | n seeka | |
| What was the result of the claim? | Yes yes, answer Describe th | □ No this se e injur | ctio | n. r wh | uich | you | | | | | | | | | ims | s aş | gair | nst | Gr | ac | e? | | n North Nort | | | b 97.4.41 | | Million Marian de Marian d | | n days the | |
| | Yes yes, answer Describe th | □ No this se e injur | ctio | n. r wh | Da | you | 1 50 | oug | | | | | | | ims | s aş | gair | nst | Gr | rac | e? | | | | | and the second s | | Mark Liver of | | | |
| • | Yes yes, answer Describe th When was t | □ No this se le injury | y for | n. r wh | Da Mo | you | ı sc | oug | ht | con | npe | ensa | utio | on. | | | | | | and all and a second | | 9 | | Ot | her | · (þ. | leas | se c | lesc | crib | e) |
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PART V: Questions Applicable 162 Persons Who Were Langloyed As Commercial Installers or Removers of Zonolite Attic Insulation

This section should be completed by claimants who allege significant exposure to Zonolite Attic Insulation as a result of installing or removing that product in residences while employed by insulation contractors or construction businesses.

Have you ever personally installed or removed Zonolite Attic Insulation as an employee of a commercial insulation business or other construction business?

| Yes No f yes, answer the questions in this Part: | | |
|---|---------------------------|--|
| Ouring what time period(s) did you install or remove Zonolite Attic Insulation? | From Month Year | To Month Year |
| | From Month Year | To Montb Year |
| | From Montb Year | To Month Year |
| t your employer(s) and job(s) and employm | nent location(s) during e | ach time period in which you installed or |
| Employment dates: From To To Month Year | | |
| Month Year Month Year Occupation: | | |
| description | | |
| Employer's Name: | | |
| Employer's Address: | | |
| Street Address City | | State Zip Code /Province /Postal Code |
| | d that you personally it | |
| List the percentage of time during that perion For each employer for whom you installed on equipment you used while working in prox | or removed Zonome an | stalled or removed Zonolite Attic Insulation ic Insulation, describe the protective ic Insulation. |
| Percentage of time: Protective equipmen respirator fac | it used: | ng □ other protective equipment □ none |

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Continue on next page >>>

| ·, | Case 01-01139-AMC Doc 2832-3 Filed 10/18/02 Page 15 of 42 |
|----------|--|
| V. | continued |
| 1. | Employment dates: From To |
| 2. | Month Year Occupation: description |
| 2 | Employer's Name: |
| 3. 4. | Employer's Address: |
| | Street Address |
| | State Zip Code City /Province /Postal Code |
| | |
| L | that you personally installed or removed Zononie Aute Misuration. |
| F | or each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective quipment you used while working in proximity to the Zonolite Attic Insulation. |
| | Destructive equipment used: |
| | respirator face mask special clothing other protective equipment none |
| 1. | Employment dates: From To |
| | Month Year Month Year |
| 2. | Occupation: |
| | description |
| | description |
| 3 | |
| 3 | . Employer's Name: |
| | Employer's Name: Employer's Address: Street Address |
| 4. | Employer's Name: Employer's Address: Street Address State Zip Code City /Province /Postal Code |
| 4. | Employer's Name: Employer's Address: |

PART VI: Other Exposures 18- Asbestos Malerials on 16 roddicts

This section should be completed by all claimants. It asks for information about any additional exposure to asbestos or asbestos-containing products you have had in your lifetime. DO NOT repeat any of the information requested in the previous sections of this form.

List all of the asbestos product(s) or material(s) you have been exposed to, describe how you were exposed to

| Spesios produ | ct or ma | terial | : | | | | | r | | <u>-</u> | | 1-7 | | <u> </u> | 1 | | т | | - | | Ţ | Ţ | | | | | T | ·-[|
|-----------------------|-------------|---------|-------------|--|------------|-------|---|---------------------------|-------|---------------|----------|-------------|-------------|---|--|-----|-----------|---------------|--------------------|----|-----|------------|----------|---------------|-------------|---------------|----|--------------|
| | Application | | | | | | | | | | | | | | 1 | | 1 | | | | | | Ì | | | | | 1. |
| anufacturer o | r Source | of th | e pro | duct | or n | ater | ial: | | | | | | ~ | | | | · · · · · | | - , - - | | 7 | Į <u>-</u> | | | | | | |
| | | | | | | | | | | | | | | | 1 | | | | | | 1 | | | | | | | |
| escribe how e | vnosure | OCCUI | rred: | | | | . la.a1 | L., | | | | | | | | | | | | | | | | | | | | |
| escribe now c | kposure | | | | | | | المداة الأبري مسيهم رميده | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ************************************** | | | .,, | <u></u> - | | | | | | | | | |
| the exposure | occurre | d whi | le yo | u we | re w | orki | ng, | list | you | r oc | cup | atio | n, | em | ıp. | oy | er, | ar | ıd j | ob | loc | ati | on | l : | | | | ij |
| Occupation | | | | | | | | - | | | | | | | | | | | | | | <u> </u> | <u> </u> | | | | l. | |
| | | | | | | · | | | | | | | | | | | - | | | | | T | T | T - | T | | 7 | |
| Employer | | | | | | | | | | | | | | | | l | | | | | | <u> </u> | ļ | <u> </u> | | | | |
| Job | | | | | | T | | | 1 | ГТ | T | T | | | | T | | | 1 | 7 | T | - | 7 | 1 | T | | | |
| location | | | | | | | | | l | 1 | | <u> </u> | | ــــــــــــــــــــــــــــــــــــــ | | | | | | | | | . 41 | | | السار منام | | <u>.</u> |
| exposure occ | urred fr | om w | ork-r | elate | d ap | plica | tio | n of | asb | esto | s p | rod | luc | ts, I | ho | W | CIO | se | we | re | you | ıu |) U | 10 | apı |)1IC | | |
| r removal of t | he prod | uct? | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ime period(s) | of the e | | | | | | | | | | Terc | | | | | | | | | То | | | | | | | | |
| From | | To | <u> </u> | ПТ | | | | | | | Fro | 7111 | Γ | Τ | 1 | T | ٦ | | | Î | | ers | | | | | | |
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| Month Year | _ | | onth | Year | د د ماند . | | | | | | 1110 | ,,,,, | ^ | 2017 | | | | | | | | | | | | | | |
| iave you ever | | | reiau | ıng u |) LIII: | o cal | JUSI | ui C. | | | | | | | | | | | | | | | | | | | | |
| ┌ □ Yes | □ No | | | | | | | | | | | | | | 200 | | | | | | | | | | | | | |
| If yes, answe | r this se | ction | : | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Please des | cribe the | e clair | n or I | lawsı | ıit. | | | | | | | | | | | | | | | | | | | | | | | |
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| b. When was | the clai | m or l | lawst | nit fil | ed? | Date | 7 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Monti |] | Year | | | | | | | | | | | | | | | | | | | | |
| | s the cla | im or | laws | uit fi | | | | | ner (| lair | ns a | auth | 101 | ity |)? | | | | | - | | | | | | | | |
| c. Where wa | laims A | uthor | ity: | | | , | | , <u>T</u> | | | | · · · · · · | <u></u> | | | | | - | | | -T | T | Τ- | Τ_ | Γ | ГТ | 1 |] |
| c. Where wa | 1 1 1 | | | - | | | | | | | | | | | | | | | | } | | Ĺ. | | | <u></u> | | | |
| Court or C | | 1 1 | | | | | ₋ | | | | | 7-1 | | | | | 7 | | - T | | | T | 7 | | | | | |
| Court or C | | | | | | | | | | | | | | | - 1 | | - E | - 1 | 1 | , | | | | | | | | |
| Court or (| | | | | | | | | | | | | , | | | | | | | } | | | 0 / | pro | nin. | ce | | |
| Name City | | | | | | | | | | | | | | | | | L | | L |] | | Stat | e /1 | Pro | vin | ce | | |
| Name City d. What was | | | | | | | | 4 P-' | | | <u> </u> | hon | (~1 | eas | | per | l | L e\ | |] | | Stat | e /1 | Pro | vin | се | | |
| Name City d. What was | the rest | Verdic | | ered | | ttled | No | t Pai | d | | Ot | her | (pl | ease | e d | esc | rib | e) | | | 3 | Stat | e /1 | Pro | vin | ce | | ***** |

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|---|--|
| Did your additional exposure occur because you shared (such as a spouse or a parent who worked in proximity Yes No | a household with an occupationally exposed person to asbestos)? |
| If yes, list the time period of that household exposure: | From To |
| | Month Year Month Year |
| List the name of the occupationally exposed household | nember: |
| Pirst Name Middle Name | Last Name |
| List his or her occupation, employer and employment k asbestos from the workplace into your household: | cation, and describe how that person brought |
| Occupation | |
| Employer | |
| Employment location | |
| How it was brought home | |
| | |
| | |
| PART VII: SI | GNATURE |
| All claims must be signed by the claiman (such as the personal report of the claims) I have reviewed the information submitted on this proof of the claims. | resentative or attorney). |
| claim. To the best of my knowledge, the information is accur- | ite and complete. |
| | Month Day Year |
| SIGNATURE OF CLAIMANT, REPRESENTATIVE, OR ATTORNEY | |
| Name of Signatory, if not the claimant | |
| | |
| Relationship of Signatory to Claimant | the state of the s |
| | |

IF THE SIGNATURE IS NOT THAT OF THE CLAIMANT,
PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE
RELATIONSHIP TO THE CLAIMANT

THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM
IS A FINE OF UP TO \$500,000 OR
IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH. 18 U.S.C. \$\$ 152,3571

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EXHIBIT 4

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Fybibit 4

W.R. GRACE & CO. ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM

The United States Bankruptcy Court for the District of Delaware In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF) (Jointly Administered)

SUBMIT COMPLETED CLAIMS TO:

Claims Processing Agent
Re: W.R. Grace & Co. Bankruptcy
PO Box 1620
Faribault, MN 55021-1620

For a complete list of the Debtors in this case, please see "The Debtors" section of the General Instructions for Completing Proof of Claim Forms. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for property damage allegedly resulting from asbestos from a Grace product (other than Zonolite Attic Insulation), THIS ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON MARCH 31, 2003, or you will be forever barred from asserting or receiving payment for your claim.

Case 01-01139-AMC DOC 2832-3 Fleth 10/18/02 EP20E 20 of 42 INSTRUCTIONS FOR FILLING THE W.R. GRACE P20E 20. <u>ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM</u>

WHO SHOULD USE THIS ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM

- This Asbestos Damage Proof of Claim Form (referred to in this document as the "Form") applies only to current claims made against Grace by or on behalf of parties who are alleging property damage with respect to asbestos in real property owned by the party (such person is referred to in this document as the "claiming party") from a Grace asbestos-containing product or as a result of one of Grace's vermiculite mining, milling, or processing facilities.
- The Bar Date does not apply to Asbestos Personal Injury Claims, Settled Asbestos Claims or Zonolite Attic Insulation Claims. Those claims will be subject to a separate claim submission process and should not be filed 2. at this time.
- This form should not be used for Medical Monitoring Claims or Non-Asbestos Claims. Instead, separate 3. specialized proof of claim forms for these claims should be completed.
- If you are alleging current claims against Grace with respect to asbestos in more than one (1) real property, the 4. claiming party should complete an Asbestos Property Damage Proof of Claim Form for each property. You may request additional forms by calling the Claims Processing Agent at 1-800-432-1909.

GENERAL INSTRUCTIONS

- This form must be signed by the claimant or authorized agent of the claimant. THIS FORM MUST BE 1. RECEIVED ON OR BEFORE 4:00 PM EASTERN TIME ON MARCH 31, 2003, or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy, P.O. Box 1620, Faribault, MN 55021-1620.
 - If you are returning this form by mail, allow sufficient time so that this form is received on or before March 31, 2003. Forms that are postmarked before March 31, 2003 but received after March 31, 2003 will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
- If you cannot fit all information in any particular section or page, please make a copy of that page before 2. filling it out and attach as many additional pages as needed.
- If you are unable to provide any of the information required by the proof of claim form, please so specify, as 3. well as provide a short statement describing why such information is unavailable. If you are in the process of obtaining such information at the time you file your proof of claim, please so advise and indicate that the same shall be provided when obtained.
- This form must be filled out completely using BLACK or BLUE ink or may be typewritten. 4.
 - Please print clearly using capital letters only.

• Do not use a felt tip pen.

· Skip a box between words.

- Do not bend or fold the pages of the form.
- Do not write outside of the boxes or blocks.
- Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
- Mark check boxes with an "X" (example at right). 6.
- Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence 7. in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
- Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims 8. Processing Agent at the following address: Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy PO Box 1620 Faribault, MN 55021-1620.
- You will receive written notification of the proof of claim number assigned to this claim once it has been 9. processed.

| Case OLOHSOLANC AND SOLATED THE SOLATED THE | gC21.01.42 |
|---|--|
| NAME: | |
| | |
| Name of individual claimant (first, middle and last name) or business claimant SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Cl. | aimants) |
| SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants) | |
| | |
| (last four digits of SSN) | |
| Other names by which claiming party has been known (such as maiden name or m | arried name). |
| Finet MI Last | |
| First MI Last | |
| First MI Last | |
| P W St | |
| | |
| Mailing Address: | |
| Street Address | |
| Street Audress | |
| City | State Zip Code |
| | (Province) (Postal Code) |
| Country | |
| · · · · · · · · · · · · · · · · · · · | · |
| PART 2: ATTORNEY INFORMATIO | |
| | |
| The claiming party's attorney, if any (You do not need an attorney to file the | nis form): |
| Law Firm Name: | |
| | |
| Name of Attorney: | |
| | |
| First MI Last | |
| Mailing Address: | |
| | |
| Street Address | |
| | State Zin Code |
| City | State Zip Code (Province) (Postal Code) |
| Telephone: | , |
| Area Code | |

Case 0 part 193 AMPR OPER 132 INFORMATION Page 22 of 42

| <i>[</i> : | Real Property For Which A Claim Is Being Asserted |
|------------|---|
| 1. | What is the address of the real property for which a claim is being asserted (referred to herein as "the property")? |
| | |
| | Street Address |
| | |
| | State Zip Code City |
| | (Province) (Postal Code) |
| | |
| | Country |
| 2. | Are you completing an Asbestos Property Damage Proof of Claim Form for any other real property other than the one |
| ۷. | listed at "1" above? |
| | □ Yes □ No |
| | |
| 3. | Do you currently own the property listed in Question 1, above? |
| | □ Yes □ No |
| | |
| 4. | When did you purchase the property? |
| | Month Day Year |
| 5. | What is the property used for (check all that apply) |
| | ☐ Owner occupied residence |
| | ☐ Residential rental |
| | ☐ Commercial |
| | ☐ Industrial Specify: |
| | ☐ Other Specify: |
| | |
| | |
| 6. | How many floors does the property have? |
| | · · · · · · · · · · · · · · · · · · · |
| 7. | What is the approximate square footage of the property? |
| | . 1 70 |
| 8. | When was the property built? |
| | ☐ Before 1969 |
| | ☐ 1969 - 1973 |
| | ☐ After 1973 |
| 0 | What is the structural support of the property? |
| 9 | What is the structural support of the property: |
| | |
| | Structural concrete |
| | Brick Ghall beam/girder |
| | Steel beam/girder |
| | Other Specify: |
| | the state of the second transfer which affected any ashestos |
| 10 | . Have you or has someone on your behalf completed any interior renovations on the property which affected any asbestos |
| ٠ | on the property? |
| | □ Yes □ No |

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| A. Real Property Col-Which-AMaim To Beng 2A3 ser Feld de antime e | Page 23 of 42 |
|--|--|
| If yes, please specify the dates and description of such renovations. | |
| Description | |
| Year | |
| Description | |
| Year | |
| Description | : |
| Year | |
| 11. To the best of your knowledge, have any other interior renovations been complete period of time which affected any asbestos on the property? | ed on the property during any other |
| ☐ Yes ☐ No | |
| If yes, please specify the dates and descriptions of such renovations. | • |
| | |
| Description | |
| Year | |
| Description | |
| Year | |
| Year Description | |
| B. Claim Category | |
| 12. For which category are you making a claim on the property? | |
| Category 1. Allegation with respect to asbestos from a Grace product in the | property |
| Category 2: Allegation with respect to one of Grace's vermiculite mining, m | ailling or processing operations |
| | |
| • If you checked Category 1 in question 12, complete section C. | |
| • If you checked Category 2 in question 12, complete section D. | |
| | |
| C. Category 1 Claim: Allegation With Respect To Asbestos From | 1 A Grace Product In The Property |
| 13. For what alleged asbestos-containing product(s) are you making a claim? | |
| man a grant of the state of the | |
| ☐ Other Specify: | |
| (For a list of the brand names under which Grace manufactured products that m asbestos, see Exhibit 2 to the Claims Bar Date Notice provided with this Proof | ay have contained commercially added of Claim Form.) |
| 14. When did you or someone on your behalf install the asbestos containing produc | t(s) in the property? |
| ☐ I did not install the product(s) | |
| Year | |
| | (a) to the best of your knowledge, when |
| 15. If you or someone on your behalf did not install the asbestos containing product was/were the product(s) installed? | (3), w the best of your knowledge, when |
| ☐ Don't know. | |
| Year | |
| | |

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|-----|---|--|--|
| 25. | If you respondescriptions of | ded Yes to question 22. of any such efforts. | or 24. and you have not supplied documents, please specify the dates and |
| | Year | Description | |
| | Year | | |
| | Year | | |
| 26. | Have you or a | \mathbf{v} ? | ever conducted any testing or sampling for the presence of asbestos or other particular |
| | ☐ Yes | ☐ No If Yes, At | tach All Documents Related To Any Testing Of The Property. |
| 27. | If you respon | ded Yes to question 26 th testing documents or | , but you have not provided documents, indicate who may have possession or where such documents may be located. |
| - | | | |
| 28. | If you or som particulates of to the proper | n the property, to the b | d not conduct any testing or sampling for the presence of asbestos or other est of your knowledge, did anyone else conduct such testing or sampling with respect |
| | ☐ Yes | □ No | |
| 29. | If you respon | ded Yes to question 26 e type of testing and/or | or 28. and you have not supplied related documents, please describe when and by sampling (e.g. air, bulk and dust sampling). |
| | | Company/Individual | |
| | Year | Type of testing: | |
| | | Company/Individual | |
| | Year | Type of testing: | |
| | | Company/Individual | |
| | Year | Type of testing: | |
| 30. | Has the Grac | ce product or products f | or which you are making this claim ever been modified and/or disturbed? |
| 31. | If yes, specif | y when and in what ma | nner the Grace product or products was modified and/or disturbed? |
| | Year | Description | |
| | Year | Description | |
| | Year | Description | |

| Q. | Category 2 Claim: Allegation With Mesper 1807 Milling Or Processing Operation | Re3of (Filed: 19 12/02 ulifea lytim? 6 gof 42 ons | | |
|-----|--|--|--|--|
| 32. | What is the business address or location of the Grace operation where the contract of the Grace operation where th | hich has led to your claim? | | |
| | Business Name | | | |
| | Business ivame | | | |
| | Street Address | | | |
| | City | State Zip Code | | |
| | | (Province) (Postal Code) | | |
| | Country | living in the household work for Grace? | | |
| 33. | If your claim relates to a personal residence, does (or did) anyone Yes No | TIVING III the household water 201 | | |
| | Sand — | • | | |
| 34. | If yes, specify the following for each such individual: | Name of Individual Working at Grace Operation | | |
| | Name of Individual Working at Grace Operation | Name of Individual Working at Class C | | |
| | | | | |
| | Date of Birth Month Day Year | Date of Birth Month Day Year | | |
| | Occupation(s) of Individual | Occupation(s) of Individual | | |
| | | | | |
| | Dates Worked at Operation | Dates Worked at Operation | | |
| | From: To: | From: To: | | |
| | Year Year | Year Year | | |
| | Name of Individual Working at Grace Operation | Name of Individual Working at Grace Operation | | |
| | | | | |
| | Date of Birth | Date of Birth | | |
| | Nov Nov Nov | 700 | | |
| | Month Day Year | Month Day Year | | |
| | Occupation(s) of Individual | Occupation(s) of Individual | | |
| | | | | |
| | Dates Worked at Operation | Dates Worked at Operation | | |
| | From: To: Year Year | From: To: | | |
| 35 | 5. When did you first know of the presence of asbestos on your pr | operty? Year | | |

| | ase 01-01139-AMC Doc 2832-3 Filed 10/18/02 Page 27 of 42 |
|-----|---|
| 36. | How did you first learn of the presence of asbestos on your property? |
| | |
| | Attach all documents relating or referring to the presence of asbestos on the property. If the documents are too volu attach, attach a summary of the documents indicating the name of each document, date of each document, a brief de the document, the location of the document, and who has possession or control of the document. If you provide a summary of the documents rather than the documents themselves, you are required to consent to the and release of those documents to Grace upon Grace's further request. |
| 37. | If you do not have any documents relating or referring to the presence of asbestos on the property, explain why not who may have possession or control of any such documents with respect to the property. |
| | |
| | |
| 38. | Have you or anyone on your behalf made an effort to remove, contain and/or abate the asbestos on your property? Yes No |
| | If Yes, attach all documents relating or referring to such efforts. If the documents are too voluminous to attach, attach of the documents indicating the name of each document, date of each document, a brief description of the document. |
| | of the document, and who has possession of control of the documents themselves, you are required to consent to the sound of the documents rather than the documents themselves, you are required to consent to the sound of the documents to Grace upon Grace's further request. |
| 39 | . If you do not have any documents relating or referring to the removal, containment and/or abatement of the asbesto property, explain why not and indicate who may have possession and control of such documents with respect to the |
| - | |
| | |
| 41 | O. If you or someone on your behalf did not make an effort to remove, contain and/or abate the asbestos on your proposts of your knowledge, did anyone else make such an effort? |
| | ☐ Yes ☐ No |

| | A STATE OF THE STA |
|------|--|
| | Case 01-01139-AMC Doc 2832-3 Filed 10/18/02 Page 28 of 42 |
| 1. I | f you responded Yes to question 38. or question 40. and you have not supplied related documents, please specify the dates and lescriptions of any such efforts. |
| | Description Year |
| | Year Description Year |
| | Year Description |
| 42. | Have you or anyone on your behalf conducted any other testing or sampling for the presence of asbestos on your property? |
| | □ Yes □ No |
| | If Yes, attach all documents relating or referring to such efforts. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession or control of the document. |
| | of the document, and who has possession or control of the document. If you provide a summary of the documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request. |
| 43. | If you do not have any documents relating or referring to any other such testing or sampling for the presence of asbestos on your property, explain why not and indicate who may have possession or control of such documents with respect to the property. |
| | |
| | |
| | |
| 44. | If you or someone on your behalf did not conduct any other testing or sampling for the presence of asbestos on your property, to the best of your knowledge, did anyone else conduct such testing or sampling? |
| | ☐ Yes ☐ No |
| 45. | If you responded Yes to question 42. or question 44. and you have not supplied related documents, please specify the dates and |
| | descriptions of any such efforts. Description |
| | Year Description |
| | Year Description |
| | Description Year |
| 46 | 6. Were you aware of the presence of asbestos on your property when you purchased your property? |
| | □ Yes □ No |
| 4′ | 7. If you have sold the property, were you aware of the presence of asbestos on your property when you sold your property? [] Yes [] No [] Not Applicable, have not sold the property |
| | [] 1 VO L 1 V L |

Case 01-01139-AMARDOR 2ASBESTON LOTEGATEON AND CLAIMS INTRODUCTION 1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim? □ No ☐ Yes - lawsuit ☐ Yes - non-lawsuit claim (other than a workers' compensation claim) 2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim? □ No ☐ Yes - lawsuit ☐ Yes - non-lawsuit claim (other than a workers' compensation claim) If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below. If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page. LAWSUITS 1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed a. Caption Docket No.: b. Court where suit originally filed: County/State c. Date filed: Year Day Month a. Caption Docket No.: b. Court where suit originally filed: County/State c. Date filed: Year Day Month a. Caption Docket No.: b. Court where suit originally filed: County/State c. Date filed: Year Day Month (Attach additional pages if necessary.)

NON-LAWSUIT CLAIMS If the claiming party has made any claims relating to the property for which you are making a claim (including administrative claims) against anyone, that was not filed with a court of law, please provide the following information for each claim: a. Description of claim: b. Date submitted: Day Month c. Name of entity to whom claim was submitted: Grace Other Name of Entity a. Description of claim: b. Date submitted: Year Day Month c. Name of entity to whom claim was submitted: ☐ Grace ☐ Other Name of Entity a. Description of claim: b. Date submitted: Day Year Month c. Name of entity to whom claim was submitted: ☐ Grace Other Name of Entity PART 5: SIGNATURE PAGE All claims must be signed by the claiming party. I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. I declare, under penalty of perjury,* that the above statements are true, correct, and not misleading. CONSENT TO RELEASE OF RECORDS AND INFORMATION: To the extent that I have produced a summary rather than the documents themselves as requested above or indicated who has possession and control of certain documents, I hereby authorize and request that all other parties with custody of any documents or information concerning my property damage or the information contained in this Form, upon the reasonable request of Grace or Grace's representative, with a copy to the claiming party, disclose any and all records to Grace or to Grace's representative. Day Year Month SIGNATURE OF CLAIMANT *The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

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Service list for requests from 06/12/2002 to 10/08/2002

00000017 JOY HAYNES

c/o LIEFF CABRASER HEIMANN & BERNSTEIN

275 BATTERY STREET SAN FRANCISCO, CA 94111

06/12/2002

Property:

0020

Medical: Non-asbestos: 0020 0020

Notice:

0020

00000031

SHERRY FALLON

c/o TYBOUT, REDFEARN & PELL 300 DELWARE AVE 11TH FLOOR

PO BOX 2092

WILMINGTON, DE 19899

06/12/2002

Non-asbestos:

0003

Notice:

0003

00000055

JEFF MARSCHNER

c/o CALIFORNIA DEPT. OF GENERAL SERVICES

707 THIRD STREET, 7TH FLOOR

SACRAMENTO, CA 95605

06/12/2002

Property:

0005

Notice:

0001

00000079 TRINA GRIMSLEY

PO DRAWER 1419 COLUMBIA, SC 29202

06/12/2002

Non-asbestos:

0001

Notice:

0001

.

00000093

RICHARD L. STOPER JR

c/o ROTATORI, BENDER, GRAGEL, STOPER & ALEXANDER

800 LEADER BUILDING

526 SUPERIOR AVENUE

CLEVELAND, OH 44114

06/12/2002

Property:

0001

0001

Notice:

00000123

RONALD HULL

c/o UNDERBERG & KESSLER LLP

1800 CHASE SQUARE

ROCHESTER, NY 14604

06/12/2002

Non-asbestos:

0002

Notice:

0001

00000024

CRAIG YUREK

PO BOX 2411

KALISPELL, MT 59903

06/12/2002

Property:

0001 0001

Medical: Notice:

0001

00000048

CHRISTEL GRIFFIN

c/o CASCINO VAUGHAN LAW OFFICES LTD

220 SOUTH ASHLAND AVENUE

CHICAGO, IL 60607

06/12/2002

Medical: Notice: 0005

0001

00000062

PETER GOODMAN

c/o ANDREWS & KURTH LLP

805 THIRD AVENUE, 7TH FLOOR

NEW YORK, NY 10022

06/12/2002

Non-asbestos:

0005

0001

00000086

CHARLES DOTSON

Notice:

512 E LINCOLN BLVD

LIBBY, MT 59923 06/12/2002

Property:

0004

Medical: Notice: 0004 0001

00000116

COMMONWEALTH ALUMINUM CONCAST

C/O TAFT, STETTINIUS & HOLLISTER LLP

1800 FIRSTSTAR TOWER

425 WALNUT ST

CINCINNATI, OH 45202-3957

06/12/2002

Non-asbestos:

0003

Notice:

0003

00000130

DELILA WEBSTER

1069 PINEMEADOW DR.

GARDENDALE, AL 35071

06/12/2002

Medical:

0001

Notice:

0001

Service list for requests from 06/12/2002 to 10/08/2002 00000154

00000147 JOHN VERMAES PO BOX 32227 **TUCSON, AZ 85751** 06/12/2002

0001 Non-asbestos: Notice:

0001

06/12/2002 Medical: Non-asbestos:

VICTOR, MT 59875-9875

JODY PRICE 2329 BETTY LN

> 0001 0001 Notice:

0001

00000178 00000185 **RAY STOUT** ED KERR 1308 EVANGELINE ST 214 E 3RD ST APT 1 LIBBY, MT 59923 DEARBORN HEIGHTS, MI 48127 06/12/2002

Medical: 0001 Notice: 0001

06/12/2002 0001 Property: Notice: 0001

00000192 JEFF MARSCHNER c/o CALIFORNIA DEPARTMENT OF GENERAL SERVICES OFFICE OF LEGAL SERVICES 707 THIRD STREET, 7TH FLOOR WEST SACRAMENTO, CA 95605 06/12/2002

Property: Notice:

0002

0005

00000215 REQUESTOR 114 NE 16TH COURT DELRAY BEACH, FL 33444 06/12/2002

Non-asbestos: Notice:

0001

0001

00000239 SYLVIA SERANO DEBT ACQUISITION 2120 W WASHINGTON ST SAN DIEGO, CA 92110 06/12/2002

Property: 0001 0001 Medical: Non-asbestos: 0001 Notice: 0001

00000253 JACK WOLTER c/o KOOTENAI DEVELOPMENT CO 73043 MONTERRA CIRCLE NORTH PALM DESERT, CA 92260 06/12/2002

Non-asbestos: 0002 0002 Notice:

00000208 REQUESTOR 214 E. 3RD ST. NO. 1 LIBBY, MT 59923-2056 06/12/2002

> Medical: Notice:

0001 0001

00000222 JEFF DAVIŞ

c/o LAW FIRM OF JEFF DAVIS 1001 MCKINNEY ST SUITE 500 HOUSTON, TX 77002

06/12/2002

Property: Medical: Non-asbestos: Notice:

0001 0001

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00000246 MARK BREGMAN 4720 THATCHWOOD DR MANLIUS, NY 13104 06/12/2002

> Property: 0001 Medical: 0001 Notice: 0001

00000260 CHRIS FOARD c/o W.R. GRACE 7500 GRACE DRIVE COLUMBIA, MD 21044 06/18/2002

> 0100 Property: 0100 Medical: 0100 Non-asbestos: 0001 Notice:

Service list for requests from 06/12/2002 to 10/08/2002

00000277 CHARLES WALL 403 HUME BLVD LANSING, MI 48917 06/18/2002

> Property: Medical:

0001 0002

Non-asbestos: Notice:

0001 0002

00000291

MELINDA MALEC 5220 DELETT AVE GULFPORT, FL 33707

06/18/2002

Property: Notice:

0002 0001

00000314 LAWRENCE NIEHUSS PO BOX 886

MONROEVILLE, AL 36461-0886

06/18/2002

Property: Notice:

0001

00000338

0001

BERNARD FRYSHMAN 1016 E 2ND ST

BROOKLYN, NY 11230-1230 06/18/2002

Property:

0001 0001

Notice:

00000352 **ROB NEILS**

1005 N PINES RD 250 STE SPOKANE, WA 99206-9206

06/18/2002

Property: Medical:

0001 0001

Notice:

0001

00000376 JAMES SMITH 795 GILLETTE RD COLVILLE, WA 99114-9114 06/18/2002

Property:

0001 0001 Non-asbestos: Notice:

0001

00000284

CAROL ARMSTRONG c/o KLAMANN & HUBBARD 7101 COLLEGE BLVD STE 120 OVERLAND PARK, KS 66210

06/18/2002

Property:

0001

Medical: Non-asbestos: 0001 0001

Notice:

0001

00000307 **ROB NEILS**

1005 N. PINES RD. STE. 250

SPOKANE, WA 99206

06/18/2002

Medical:

0004 0004

Non-asbestos: Notice:

0001

00000321

ROBERT PIERCE 2437 S LOTUS AVE FRESNO, CA 93706-3706

06/18/2002

Non-asbestos:

0001

Notice:

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00000345

LAUREN KUJAWA 712 WISCONSIN AVE LIBBY, MT 59923-9923

06/18/2002

Property:

0001

Notice:

0001

00000369 GEORGE BOYD 1787 ADLIN CT

EAST MEADOW, NY 11554-1554

06/18/2002

Medical: Notice:

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00000383

LINDA DOZIER 118 LANSDOWNE BLVD

YOUNGSTOWN, OH 44506-4506

06/18/2002

Medical: Non-ashestos: 0001 0001

Notice:

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| 00000100 | | - Total Horizon Todan | esis jioni 00/12/2002 te | 20,00,2002 | | |
|---|---------------------------------------|-----------------------|---------------------------------|---------------|-----|--|
| 00000406 TERRY CARLSON | | | 00000420 JOYCE HILL | | | |
| PO BOX 1041 | | | 313 EVERGREEN DR | | | |
| MALTA, MT 59538-104 | 1 | | VICKSBURG, MS 3918 | 0 | | |
| 06/18/2002 | | | 06/18/2002 | | | |
| Property: | 0001 | | Property: | 0001 | | |
| Notice: | 0001 | | Medical: | 0001 | | |
| | | | Non-asbestos: | 0001 | | |
| | | | Notice: | 0001 | | |
| 00000437 | | | 00000444 | | | |
| CITY OF CAMBRIDGE | SCEDILD | | NANCY FRYE 17340 ANTHONY AVE | | | |
| c/o ANDERSON & KRE 43 THORNDIKE ST | IGEN LEP | | LAKE ELSINORE, CA 9 | 2530 | | |
| CAMBRIDGE, MA 0214 | 1_1764 | | 06/18/2002 | 2000 | | |
| 06/18/2002 | · · · · · · · · · · · · · · · · · · · | | Property: | 0001 | | |
| Property: | 0001 | | Medical: | 0001 | | |
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| ं := सक्का | • | | | | | |
| 00000451 | | | 00000468 | | | |
| NATHALIE DANSEREA | ·U | | KELLY DUNCAN | | | |
| c/o NATHALIE RIEL | | | 15401 SE 275TH ST | | | |
| AFFECTATION NOUVE | | | KENT, WA 98042 | | USA | |
| 1400 BLVD RENE-LEV | | CANADA | 06/18/2002 | 0004 | | |
| MONTREAL, PQ H2L28 06/18/2002 | | CANADA | Notice: | 0001 | | |
| Property: | 0001 | | | | | |
| Medical: | 0001 | | | | • | |
| Non-asbestos: | 0001 | | | | | |
| Notice: | 0001 | | | | | |
| 00000475 | | | 00000482 | | | |
| MICHELLE TUKACHIN | | | STEVE HAMILTON | | | |
| 196 CROOKED STATE | COURT | | 19766 EAST IDA LANE | | | |
| HOWELL, NJ 07731 | | USA | GROSSE POINTE WO | ODS, MI 48236 | | |
| 06/18/2002 | | | 06/18/2002 | | | |
| Notice: | 0001 | | Property: Notice: | 0001 0001 | | |
| | | | Notice. | 0001 | | |
| 00000499 | | | 00000505 | | | |
| MELVIN JACOBS | | | KIM VUKHAC | | | |
| 13140 PARKVIEW EST | TATES RD | | 11 MADISON AVE 6TH | FLOOR | | |
| DADE CITY, FL 33525 | | | NY, NY 10010 | | USA | |
| 06/18/2002 | | | 06/18/2002 | | | |
| Property: | 0001 | | Notice: | 0001 | | |
| Medical: | 0001 | | | | | |
| Non-asbestos: | 0001 | | | | | |
| Notice: | 0001 | | | | | |
| 00000529 JOANNE BOUCHER 1368 CHAMBERY | | | | | | |
| MASCOUCHE, PQ G7H | <2B8 | CANADA | | | | |
| 06/24/2002 Property: | 0002 | | | | | |
| Property: Medical: | 0002 | | | | | |
| Non-asbestos: | 0002 | | | | | |
| Notice: | 0002 | | | | | |
| | | | | | | |

Service list for requests from 06/12/2002 to 10/08/2002

00000543 00000536 AZAM NADER JUDITH TWEEDY PO BOX 29537 c/o RICHARD E WHITE, CHARTERED USA BELLINGHAM, WA 98228 ATTY AT LAW 06/24/2002 1003 CHESTNUT PO BOX 1000 0002 MURPHYSBORO, IL 62966 Property: 0001 Notice: 06/24/2002 0001 Property: Medical: 0001 Non-asbestos: 0001 Notice: 0002 00000567 00000550 **DENISE HUTSON** WILLIAM KEMP 3406 HORIZONS BEND 907 7TH STREET USA RICHMOND, CA 94801 PORTAL, GA 30450 06/24/2002 06/24/2002 0001 Property: 0001 Medical: 0001 Notice: Medical: 0001 Notice: 0001 00000581 00000574 ANNE MARIE GENDRON JOHN LEININGER 4275 BORDEAUX ST APT 2 1157 LAFOND AVE USA MONTREAL QUEBEC, H2H1Z4 CANADA ST. PAUL, MN 55104 06/24/2002 06/24/2002 0001 Property: 0001 Property: Medical: 0001 0001 Notice: 0001 Non-asbestos: Notice: 0001 00000598 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA FRANCES HIGGINS 751 BROAD STREET 202 MARKHAM STREET NEWARK, NJ 07102 MIDDLETOWN, CT 06457 06/24/2002 06/24/2002 0001 Property: 0002 Property: 0001 0002 Medical: Medical: 0001 0002 Non-asbestos: Non-asbestos: Notice: 0001 Notice: 0001 00000635 JOSEPH F QUIRK RIKER DANZIG SCHERER HYLAND & PERRETTI 52 ELMORE ROAD 50 WEST STATE STREET HINGHAM, MA 02043 **SUITE 1010** 06/24/2002 TRENTON, NJ 08608 0007 Property: 06/24/2002 0001 Medical: Property: 0001 Notice: 0001 0001 Medical: Non-asbestos: 0001 0001 Notice: 00000673 00000659 WILLIE WOOTEN JAMES BROCK 752 EAST 36TH STREET 300 NORTH COLLEGE STREET BALTIMORE, MA 21218 CEDARTOWN, GA 30125 06/24/2002 06/24/2002 0001 Medical: Non-asbestos: 0002 Notice: 0001 Notice: 0001

| | | Service test jet regis | | | | |
|---|-------|------------------------|---------------------------|--------------|--------|--|
| 00000710 | | | 00000741 | DUINA/ETTERS | | |
| GAIL GARROD | | | WILLIAM & GERALDINE | DHOTVETTERS | | |
| c/o PEPPER HAMILTON | | | 2015 PARK RD | | | |
| 300 ALEXANDER PARK | | | EASTON, PA 18045-2242 | 2 | USA | |
| PRINCETON, NJ 08543- | -5276 | | 06/24/2002 | | | |
| 06/24/2002 | | | Property: | 0001 | | |
| Property: | 0005 | | Medical: | 0002 | | |
| Medical: | 0005 | | Non-asbestos: | 0001 | | |
| Non-asbestos: | 0005 | | Notice: | 0001 | | |
| Notice: | 0005 | | | | | |
| | | | 00000040 | | | |
| 00000765 | | | 00000840 MARLENE MAHEU | | | |
| REBECCA HYDE | - DD | | 6987 RIDGE MANOR AV | ENLIE | | |
| 6315 NAMON WALLACE | E DR. | USA | SAN DIEGO, CA 92103 | LITOL | | |
| CUMMING, GA 30040 | | USA | 06/24/2002 | | | |
| 06/24/2002 | 0004 | | Property: | 0001 | | |
| Property: | 0001 | | Medical: | 0001 | | |
| Medical: | 0001 | | Notice: | 0001 | | |
| Non-asbestos: | 0001 | | Nouce: | 0001 | | |
| Notice: | 0001 | | | | | |
| 00000857 | | | 00000864 | | | |
| TONY WILKINSON | | | VERNEAL H EASON JR | | | |
| 3025 ELLIS ST | | | 5978 HWY 258 SO | | | |
| BERKELEY, CA 94703 | | | DEEP RUN, NC 28525 | | | |
| 06/24/2002 | | | 06/24/2002 | | | |
| Non-asbestos: | 0001 | | Medical: | 0001 | | |
| Notice: | 0001 | | Non-asbestos: | 0001 | | |
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| | | | | | | |
| 00000871 | | | 00000888 | | | |
| SHANE OVERCAST | | | ELIZABETH DUDLEY-SA | ANDERS | | |
| 3508 BUFORD CUTOFF | • | | 5800 MCWAINE DR. | | | |
| MOU, AR 72653 | | | BESSEMER, AL 35022-7 | 515 | | |
| 06/24/2002 | | | 06/24/2002 | | | |
| Medical: | 0001 | | Medical: | 0001 | | |
| Non-asbestos: | 0001 | | Non-asbestos: | 0001 | | |
| Notice: | 0001 | | Notice: | 0001 | | |
| | | | | | | |
| 00000895 | | | 00000901 | | | |
| JAMES MARTIN | _ | | MYRON BUTLER | - | | |
| 8828 EAST PLAIN DRIV | E | | 4253 HOFFMAN AVENU | E | | |
| MASON, OH 45040 | | | SPRING HILL, FL 34606 | | | |
| 06/24/2002 | | | 06/24/2002 | 0000 | | |
| Property: | 0002 | | Property: | 0002 | | |
| Notice: | 0002 | | Medical: | 0002 | | |
| | | | Notice: | 0001 | | |
| | | | | | | |
| 00000918 | | | 00000925 | | | |
| WILLIE MURRY | | | GEORGE WEBSTER | | | |
| 910 FRANCONIA ROAD | • | | 1392 CHARLAND AVE. | | | |
| ALICEVILLE, AL 35442 | | | COQUITLAM, BC 00000 | | CANADA | |
| 06/24/2002 | | | 06/24/2002 | | | |
| Property: | 0003 | | Medical: | 0001 | | |
| Medical: | 0003 | | Notice: | 0001 | | |
| Non-asbestos: | 0003 | | | | | |
| Notice: | 0001 | | | | | |
| | | | | | | |

| 00000932 | | | 00000949 CHRIS GREENWALT | | |
|-----------------------------|---------------|--------|-----------------------------------|--------------|---|
| MATT TABASKA | | | 250 SOUTH REYNOLDS | COTDECT #440 | |
| 30 LEO BLVD | 20222 | CANADA | | | |
| WASAGA BEACH, ON 06/24/2002 | 00000 | CANADA | ALEXANDRIA, VA 2230 06/24/2002 | 4 | |
| Medical: | 0001 | | Property: | 0001 | |
| Notice: | 0001 | | Medical: | 0001 | |
| 110000. | 0007 | | Non-asbestos: | 0001 | • |
| | | | Notice: | 0001 | |
| 00000956 | | | 00000963 | | |
| CHRIS GREENWALT | | | ELLA COLEY | | |
| 250 SOUTH REYNOLD | S STREET #410 | | 202 GROTTO BLVD | | |
| ALLEXANDRIA, VA 223 | 04 | | SAN ANTONIO, TX 782 | 16-6618 | |
| 06/24/2002 | | | 06/24/2002 | | |
| Property: | 0001 | | Property: | 0001 | |
| Medical: | 0001 | | Non-asbestos: | 0001 | |
| Non-asbestos: | 0001 | | Notice: | 0001 | |
| Notice: | 0001 | | | | |
| 00000970 | | | 00000987 | | |
| LLOYD SILVER | | | TERRY MCALISTER | | |
| 2300 W 70TH TERRAC | Ë | | 6525 SE 92ND AVE PO | RTLAND OR | |
| MISSION HILLS, KS 66 | 208 | | PORTLAND, OR 97266 | | |
| 06/24/2002 | | | 06/24/2002 | | |
| Property: | 0002 | | Property: | 0001 | |
| Medical: | 0002 | | Notice: | 0001 | |
| Notice: | 0001 | | | | |
| - | | | | | |
| 00000994 | | | 00001007 | | |
| GORDON ADAMS | | | RICHARD OTTOBRE | | • |
| RR2 LISTOWEL | | | 720 JUNE LEE STREET | Ī | |
| LISTOWEL, ON 00000 | | CANADA | ELLWOOD CITY, PA 16 | 5117 | |
| 06/24/2002 | | | 06/24/2002 | | • |
| Medical: | 0001 | | Property: | 0001 | |
| Notice: | 0001 | | Medical: | 0001 | |
| | | | Non-asbestos: | 0001 | |
| | | | Notice: | 0001 | |
| 00001014 | | | 00001021 | | |
| HORACE PRINE | | | PETER AMOUR | | |
| 3021ELMWOOD ST | | | 34 UNIVERSITY TERRA | | |
| SARASOTA, FL 34234 | | | BURLINGTON, VT 0540 | 01 | |
| 06/24/2002 | | | 06/24/2002 | | |
| Property: | 0002 | | Property: | 0003 | |
| Medical: | 0002 | | Non-asbestos: | 0001 | |
| Non-asbestos: | 0002 | | Notice: | 0001 | |
| Notice: | 0001 | | | | |
| 00001038 | | | 00001045 | | |
| MICHAEL HAMEL | | | MICHAEL HAMEL | | |
| 29415 CAMBRIDGE | | | 29415 CAMBRIDGE | | |
| FLAT ROCK, MI 48134 | | | BROWNSTOWN, MI 48 | 3134 | |
| 06/24/2002 | | | 06/24/2002 | | |
| Property: | 0001 | | Property: | 0001 | |
| Medical: | 0001 | | Medical: | 0001 | |
| Non-asbestos: | 0001 | | Non-asbestos: | 0001 | |
| Notice: | 0001 | | Notice: | 0001 | |
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| ************************************** | | | | | |
|--|--------------|---------|---------------------------|--------|--------|
| 00001052 ELIZABETH DIONNE | | | 00001069 PETER LINDNER | | |
| 43 BOW STRRET | | | 1 IRVING PLACE, APT. 6 | 2-23-0 | |
| MANCHESTER, NH 031 | 03-6722 | | NY, NY 10003 | J-20-G | |
| 06/24/2002 | VV V. LL | | 06/24/2002 | | |
| Property: | 0001 | | Property: | 0002 | |
| Notice: | 0001 | | Medical: | 0002 | |
| | | | Non-asbestos: | 0002 | |
| | | | Notice: | 0002 | |
| 00001076 | | | 00001083 | | |
| GERDA AND PETER E | T AL LINDNER | | JOHN BONNELL | | |
| 1860 CIDER MILL ROAD |) | | BOX 346 | | |
| UNION, NJ 07083 | | | BIRTLE, MB 00000 | | CANADA |
| 06/24/2002 | | | 06/24/2002 | | |
| Property: | 0004 | | Medical: | 0001 | |
| Medical: | 0004 | | Non-asbestos: | 0001 | |
| Non-asbestos: | 0004 | | Notice: | 0001 | |
| Notice: | 0004 | | | | |
| 00001090 | | | 00001106 | | |
| ROBERT MATTHEWS | | | VINCENT MODZELESKI | | |
| 13536 124 A. AVE | * *** *** | 0411454 | 1618 JAMES DR. | | |
| EDMONTON ALBERTA | A, NA 00000 | CANADA | CARLSBAD, CA 92008 | | |
| 06/24/2002 | 0000 | | 06/24/2002 | *** | |
| Property: Notice: | 0002 0001 | | Property: | 0010 | |
| Nouce. | 0001 | | Notice: | 0001 | |
| | | | | | |
| 00001113 | | | 00001120 | | |
| JACOB KAPEL | | | LINDA BROWN | | |
| 815 NO. KILKEA DRIVE | | | P O BOX 1994 | | |
| LOS ANGELES, CA 9004 | 16 | | LUMBERTON, NC 28359 | | |
| 06/24/2002 | | | 06/24/2002 | | |
| Property: | 0001 | | Property: | 0001 | |
| Medical: | 0002 | | Non-asbestos: | 0001 | |
| Notice: | 0001 | | Notice: | 0001 | |
| | | | | | |
| 00001137 | | | 00001144 | | |
| RALPH HECHTER | | | BAKUL MODI | | |
| 1020-10117 JASPER AV | E NW | | 101 TRAIL BEND CT | | |
| EDMONTON, AB 00000 | | CANADA | CARY, NC 27513 | | |
| 06/24/2002 | *** | | 06/24/2002 | | |
| Property: | 0002 | | Property: | 0003 | |
| Medical: | 0002 | | Notice: | 0003 | |
| Notice: | 0002 | | | | |
| | | | | | |
| 00001151 | | | 00001168 | | |
| SAMUEL KALILIKANE | | | JOSE CORCUERA | | |
| 87-204 KAHAU ST. | | | 327 N.EOLA DR. | | |
| WAIANAE, HI 96792 06/24/2002 | | | WALNUT, CA 91789 | | |
| Property: | 0001 | | 06/24/2002 Property: | 0001 | |
| Medical: | 0001 | | Property: Notice: | 0001 | |
| Non-asbestos: | 0001 | | r volice. | 0001 | |
| Notice: | 0001 | | | | |
| | | | | | |

Service list for requests from 06/12/2002 to 10/08/2002

00001175 **ERNEST BOUCHARD** 5349 BROADWATER LN CLARKSVILLE, MD 21029

06/24/2002

Property: Notice:

0002 0001 00001182 GUS AAMOT

9308 86ST NW EDMONTON, AB 00000

06/24/2002

Medical: Notice:

0001 0001 CANADA

CANADA

00001199

KELLY KOT 7508-75 STREET

EDMONTON, AB 12345

06/24/2002

Medical: Notice:

0010

0001

00001205 CHASON WILL

CANADA

c/o CHASON & CHASON

P.O. BOX 100

BAY MINETTE, AL 36507

06/24/2002

Property:

0001

Notice:

0001

00001212

ROBERT SLOMSKI ESQ.

c/o·LINCOLN COUNTY ATTORNEY'S OFFICE

P.O. BOX 391

LIBBY, MT 59923-0391

06/24/2002

Medical: Notice:

0002 0001

00001229 **ERNIE RICARD**

12005 62ST EDMONTON ALBERTA

c/o POTRERO HEIGHTS APARTMENTS

EDMONTON, AB 00000

06/24/2002

00001243

Medical:

0001

Notice:

0001

00001236

MARCUS HAIR JR. 9180 GIP ROAD

FAYETTEVILLE, NC 28301

06/24/2002

Medical:

0001

Notice:

0001

06/24/2002 Property:

PETER EUTENEUER

740 RHODE ISLAND ST. #418

SAN FRANCISCO, CA 94107

0002

Notice:

0001

00001250

MARTIN PESTREICH 955 EAST 163RD STREET

BRONX, NY 10459

06/24/2002 Property:

Notice:

0001 0001

00001267 D GREEN

241 SEIDEL ST

READING, PA 19606-2820

06/24/2002

Property: Medical:

0001 0001

Notice:

0002

00001274

MARION JOHNSON 10008 FLINTRIDGE AVE. MOSS POINT, MS 39562

06/24/2002

Property: Medical:

0001 0001

0001 Non-asbestos: Notice:

0001

00001281

RUSSELL JOHNSON 10008 FLINTRIDGE AVE. MOSS POINT, MS 39562-1298

06/24/2002

Property: Medical:

0001 0001

Non-asbestos:

0001

Notice:

0001

Page 9 of 269

| 00001298 | | | 00001304 | | | | |
|--|----------------|------------------------------|---|--------------|--------|--------|--|
| MARION JOHNSON | | | ROXANNE MORGAN | | | | |
| c/o JOHNSON ELECTRIC INC. | | | 3297 METRIC DRIVE LAKE CHARLES, LA 70665 | | | | |
| P. O. BOX 1298 ESCATAWPA, MS 39552-1298 | | | 06/24/2002 | 505 | | | |
| 06/24/2002 | 02-1290 | | Non-asbestos: | 0003 | | | |
| Property: | 0001 | | Notice: | 0003 | | | |
| Medical: | 0001 | | Notice. | 0001 | | | |
| Non-asbestos: | 0001 | | | | | | |
| Notice: | 0001 | | | | | | |
| 00001011 | | | 00004000 | | | | |
| 00001311 MARC SENDEROWITZ | | | 00001328 MARC SENDEROWITZ | | | | |
| c/o WISEBROD / ZELIGER ASSOCIATES | | | c/o WISEBROD / ZELIGER ASSOCIATES | | | | |
| 245 FAIRVIEW MALL DRIVE, SUITE 510 | | | 245 FAIRVIEW MALL DRIVE, SUITE 510 | | | | |
| TORONTO, ONTARIO, ** 00000 | | CANADA | TORONTO, ONTARIO, ** 00000 | | | CANADA | |
| 06/24/2002 | | | 06/24/2002 | | | | |
| Property: | 0003 | | Property: | 0003 | | | |
| Medical: | 0001 | | Medical: | 0001 | | | |
| Notice: | 0001 | | Notice: | 0001 | | | |
| 00001335 | | | 00001342 | | | | |
| NORMAND ARCHAMBAULT | | FRED W. HINSCH | | | | | |
| 6406 DAGENAIS | | | 5571 GARRATT CRT. | | | | |
| MONTREAL, PQ 00000 | l | CANADA | RICHMOND, B.C., CD 0 | 0000 | | CANADA | |
| 06/24/2002 | | | 06/24/2002 | | | | |
| Property: | 0001 | | Property: | 0001 | | | |
| Medical: | 0001 | | Medical: | 0001 | | | |
| Non-asbestos: | 0001 | | Non-asbestos: | 0001 | | | |
| Notice: | 0001 | | Notice: | 0001 | | | |
| 00001359 | | | 00001366 | • | | | |
| JAMES AQBRAMS | | | RANDY FULLMER | | | | |
| 1041 E.78TH STREET | | | 3312 POLK AVE | | | | |
| CHICAGO, IL 60619 | | | SAN DIEGO, CA 92104 | e e | ** | | |
| 06/24/2002 | | | 06/24/2002 | 0004 | | | |
| Property: | 0002 | | Property: | 0001 | | | |
| Medical: | 0002 | | Notice: | 0001 | | | |
| Notice: | 0001 | | | | | | |
| | | | | | | | |
| 00001373 MICHAEL WOOTEN | | | 00001380 JEANNY BILBREY | | | | |
| 7255 CARLYLE AVENU | I F | | 486 SYCAMORE | | | | |
| ST LOUIS, MO 63130-1835 | | LINDSAY, CA 93247 | | | TULARE | | |
| 06/24/2002 | 000 | | 06/24/2002 | | | , •= : | |
| Medical: | 0001 | | Property: | 0001 | | | |
| Notice: | 0001 | | Medical: | 0001 | | | |
| | | | Notice: | 0001 | | | |
| | | | | | | | |
| 00001397 | | 00001403 | | | | | |
| JEANNY BILBREY | | J&R INVESTMENTS R. RUTKOWSKI | | | | | |
| 486 SYCAMORE | | 2330 BRICKVALE DR. | | | | | |
| LINDSAY, CA 00000 | | | ELK GROVE VILLAGE, | IL 60007 | | | |
| 06/24/2002 | 0004 | | 06/24/2002 Proporter | 0004 | | | |
| Notice: | 0001 | | Property: Non-asbestos: | 0001 0001 | | | |
| | | | Notice: | 0001 | | | |
| | | | 11000. | 0001 | | | |

Service list for requests from 06/12/2002 to 10/08/2002 00001427

00001410 RONALD RUTKOWSKI 8051 NICKS LANE EAGLE RIVER, WI 54521

06/24/2002

00001434

06/24/2002

0001 Property: 0001 Non-asbestos:

Notice:

WILLIAM OLSON

0001

ANNA GIBBS 42 DOROTHY ROAD ARLINGTON, MA 02474-8860 06/24/2002

> Property: Non-asbestos:

0001 0001

Notice:

0001

00001441 KHUONG LUU

655 STOCKTON ST #205 SAN FRANCISCO, CA 94108

06/24/2002

Medical:

0001

Notice:

0001

Property: Medical:

0002 0005

Non-asbestos:

c/o OLSON LAW OFFICES

4510 REGENT STREET

MADISON, WI 53705

0002

Notice:

0001

00001458 ALAN RAMSAY 10576 - 104 STREET

EDMONTON, ALBERTA, AB 00000

06/24/2002

Medical: Notice:

0010 0001

00001465

DOROTHY STRATTON 1823 FORESTDALE DR **ENCINITAS, CA 92024**

06/24/2002

Medical:

0003

Notice:

0001

00001472

LARRY ELLBERGER 23 FAWN DRIVE LIVINGSTON, NJ 07039 06/24/2002

Non-asbestos:

0001

Notice:

0001

00001489 EMILY BADGER

1637 E VINE STREET, SUITE E

KISSIMMEE, FL 34744

06/24/2002

Property:

0001

Notice:

0001

00001496 WILLIAM J. LETTS

425 ERIE AVE. MARQUETTE, MI 49855

06/24/2002

Medical:

0001

Notice:

0001

00001502 STEVEN SIEGLER

P.O. BOX 24597

NEW ORLEANS, LA 70184-4597

06/24/2002

Property:

0003

Notice:

0002

00001519 SONYA JONES 174 LAMBERT DRIVE

MANASSAS PARK, VA 20111-1826

06/24/2002

Property:

0002

Notice:

0001

00001526

PEDRO MANUEL FERNANDEZ 1408 BRICKELL BAY DR APT 1205

MIAMI, FL 33131 06/24/2002

Property:

0001 0001

Medical:

0001

Notice:

Service list for requests from 06/12/2002 to 10/08/2002

00001533 JAY AND DOROTHY ELLIOTT 816 OAKLAND DRIVE DEKALB, IL 60115-4953 06/24/2002 0002 Property: Notice: 0001 00001557

00001540 GREG CHALLINOR 3825 LITTLE ROCK DR #75 ANTELOPE, CA 95843 06/24/2002

Medical: Notice:

0003 0001

DAVID POWERS 750 SIERRE VISTA #20 PO BOX631

LAS VEGAS, NV 89109 06/24/2002

0001 Property: 0001 Medical: 0001

Non-asbestos: Notice: 0001

00001571 MYLES NELSON 2822 GOODFELLOW RD REGINA, SASKATCHEWAN 2822 GOODFELLOW RD REGINA, SASKATCHEWAN **NONE, NO 00000**

06/24/2002

0001 Medical: 0001 Non-asbestos: 0001 Notice:

00001595 MICHAEL COURTNEY 509 HART COVE. PINE BLUFF, AR 71602 06/24/2002

0001 Property: Medical: 0001 0001 Non-asbestos: Notice: 0001

00001618 JULIE KREBS PRESIDENT EMROSE DATA INC. 25125 DETROIT ROAD, SUITE 140 WESTLAKE, OH 44145-2500 06/24/2002

0001 Non-asbestos: 0001 Notice:

00001632 ANGELA ANDERSON 85 ROSEWOOD STREET BOSTON, MA 02126-2025 06/24/2002

> 0002 Property: 0002 Medical: Non-asbestos: 0002 0001 Notice:

00001564 DAVID POWERS 750 SIERRE VISTA #20 PO BOX631 LAS VEGAS, NV 89109

06/24/2002

Notice:

0001

00001588 NANCY SARGENT P.O. BOX 135038

BIG BEAR LAKE, CA 92315

06/24/2002

CANADA

0002 Property: Medical: 0003 Non-asbestos: 0001 Notice: 0003

00001601 ALFRED LANGAN 6444 C. 19TH ST. W. FIRCREST, WA 98466 06/24/2002

> 0001 Property: 0002 Medical: 0001 Non-ashestos: Notice: 0001

00001625 ALFRED SAMBROOK 85 ROSEWOOD STREET BOSTON, MA 02126-2025 06/24/2002

> Property: 0002 Medical: 0002 Non-asbestos: 0002 Notice: 0001

00001649 SHARON BROWN 85 ROSEWOOD STREET BOSTON, MA 02126-2025 06/24/2002

> 0002 Property: 0002 Medical: 0002 Non-asbestos: 0001 Notice: